

Outline

The Mood Spectrum: Diagnoses in the DSM-5™ Era

Major Depressive Disorder
Persistent Depressive Disorder
Depression with Mixed Features
Depression with Brief Hypomania
Cyclothymic Disorder
Bipolar II Disorder
Bipolar I Disorder
Specifiers: Anxious distress, melancholic, atypical, seasonal & peripartum moods
Mania, hypomania, mixed states: How to recognize each
Differential diagnosis: Anxiety, addiction, ADHD, eating disorders, substance abuse
Bipolar Disorder or Borderline Personality Disorder?

Assessment: Practical Tips, Evidence-Based Tools, and Subclinical Features

How to avoid over-diagnosing
Evidence-based measures: MINI-7, PHQ-9, MDQ, Bipolarity Index, & Hypomania Checklist
Why traditional mood charting doesn't work – and what to do instead
Affective temperaments: Depressive, Hyperthymic, Cyclothymic and Irritable
Rumination, cognitive deficits, and early warning signs
Conceptualizing mood through the lens of energy, not emotion
Classic v. atypical Bipolar Disorder
When mood is shaped by trauma

Therapy for Mood Disorders: From Evidence-based Treatments to a Personalized Plan

Mood Disorder Must-Haves for Every Treatment Plan

Psychoeducation – reduce stigma, identify causes, focus on prevention
Psychotherapy – how to match mood with the approach
Concrete interventions – create a “menu” the client can choose from
Positive psychology: the unique strengths of mood disorders
Family therapy – communication skills, boundaries, crisis plans
Remediation strategies for building back cognitive skills deficits

Behavioral Activation: More Than Building a Busy Schedule

Neuroscience: Turning down the brain's default mood network
Integrating values and meaning in behavioral change
How behavior challenges depressive beliefs
Strategies: Opposite action, approach-avoidance, mindful media

Rumination-Focused CBT (RF-CBT)

How is RF-CBT different from traditional CBT?
Useful v. dysfunctional rumination
The benefits of rumination
Shift from avoidant rumination to absorbing action
The neurobiological basis of RF-CBT
Strategies: Chain analysis, habit changing, immersion, mindfulness and compassionate thought

Target Audience: Counselors • Social Workers
Psychologists • Psychotherapists • Case Managers
Marriage & Family Therapists • Therapists • Nurses
Advanced Practice Nurses • Physician Assistants • Physicians
Addictions Counselors • Occupational Therapists
Other Mental Health Professionals

Cognitive Behavioral Analysis System of Psychotherapy (CBASP)

An attachment-based approach to treating mood disorders
Preoperational thinking: Why chronic depression is slow to change
Positive and negative reinforcement in chronic depression
Evidence to support CBASP for chronic depression
Strategies: Interpersonal inventory, situational analysis, interpersonal discrimination

Social Rhythm Therapy

Therapy with a biological basis
Four routines that stabilize the biological clock
Circadian rhythms, neurohormones and neuroplasticity
Strategies: Brisk awakening, zeitgebers, social rhythm chart

Cognitive Behavioral Therapy for Insomnia

How a therapy for sleep treats depression
Sleep drive and circadian rhythms
The vicious cycle of anxiety and insomnia
Basic steps: Sleep hygiene
Advanced moves: Bed restriction
Special situations: Screen time, jet-lag, napping, night owls, and shift work

An Antidepressant Lifestyle

Nutrition: The MediMod Diet, probiotics, caffeine, alcohol and sugar
Physical Activity: When, where, how much
Environment: Dawn simulation, light and dark therapies, nature, music, aromatherapy and air ionization

Medication

Why a clear diagnosis is crucial before starting any medication
Anti-depressants and mood stabilizers: New classes, old standards
Benefits, risks, side effects; how to recognize problems
How medication impacts therapy: State-dependent learning
The Medication Interest Model: A Motivational Interview for Medication Adherence
Top supplements for mood disorders
Beyond medication: Transcranial Magnetic Stimulation, Electroconvulsive Therapy, esketamine

Crisis Intervention

The therapeutic relationship with the suicidal client
A collaborative approach to risk assessment
Which symptoms warrant hospitalization?
CBT for Suicidality: How therapy can present suicide
Strategies: Hope box, coping cards, and distress tolerance skills
Emergency planning

Clinical Considerations

Countertransference issues in depression and mania
Staying within your scope of practice
Children and adolescents: DMDD v. Bipolar Disorder
Multicultural considerations

Live Webcast Schedule (both days)
(Times listed in Eastern)

8:00 Program begins
12:15-1:15 Lunch Break
5:00 Program ends

There will be two 15-min breaks (mid-morning & mid-afternoon).
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2
DAY

Depression & Mood Disorder
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Your clients with depression, bipolar, and other mood disorders are counting on you. But successful treatment can feel like an impossible task.

Diagnosis is tricky, first-line treatments often fail, poor treatment compliance and destructive impulsivity feel like the norm, and recurrence seems the rule and not the exception. And you frequently need to work around medication use that comes with serious side effects, but often fails to offer real benefits. The litany of challenges can leave you feeling exhausted, ineffective, and troubled about the potentially devastating outcomes of treatment failure.

This 2-day training is exactly what you need to help your clients achieve a fuller recovery from depression and bipolar disorder, all without resorting to potentially risky and ineffective medication use.

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Sign up today and leave confident that your treatment toolbox has the right combination of clinical interventions so your clients can find relief and live the lives they deserve!

Speaker

Chris Aiken, M.D. is a psychiatrist who specializes in natural and behavioral approaches to mood disorders. He is the editor-in-chief of the *Carlat Psychiatry Report*, section editor for *Psychiatric Times*, and the host of *The Natural Mind* podcast. His books include *Bipolar, Not So Much*, *The Depression and Bipolar Workbook*, and *Drug Metabolism in Psychiatry*. His work has been cited in the *International Encyclopedia of Depression*, and he is involved in clinical research to identify new treatments for mood disorders. He maintains a private practice through the Mood Treatment Center and teaches at the Wake Forest University School of Medicine.



Speaker Disclosure:
Financial: Chris Aiken is director and founder of Mood Treatment Center. He receives royalties as an author for WW Norton; and PESI Publishing & Media. Dr. Aiken receives a speaking honorarium from PESI, Inc.
Non-financial: Chris Aiken is a Distinguished Fellow of the American Psychiatric Association. He is a member of the North Carolina Psychiatric Association; Forsyth County Psychiatric Association; and the International Society for Bipolar Disorders.

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